

Berks County School Health Association

Future Nurse Scholarship Application 2023

To Whom It May Concern:

The Berks County School Health Association has been giving scholarships to students for decades and we are proud to carry on this tradition of helping future nurses obtain their goals. Enclosed you will find the application and student resume document. Please share these with your students that are planning to attend a nursing program, post high school graduation. The scholarship opportunity is for any nursing program (RN diploma, Associate, or BSN program). I advise the students simply follow the instructions on the application and return as directed. Our scholarship committee reviews each document thoroughly and up to two recipients receive a scholarship. If you have any questions, you can email mfeeg@rmctc.org or tlhughes@exetersd.org for more information.

Thank you for your time and helping to support our future nurses.

Sincerely,

Tammy Hughes, RN, MSN, CSN
Exeter Township School District
Reiffton School
K-12 Nursing Department Chair

Berks County School Health Association 2023

Future Nurse Scholarship Application

2 - \$500 SCHOLARSHIPS

Complete the following and mail entire application to (print legibly or type):

Mrs. Mary Beth Feeg, RN, CSN, MEd
Reading Muhlenberg CTC
2615 Warren Road
Reading, PA 19604

1. Name: _____
2. Address: _____

3. Phone: _____
4. Parent/Guardian Phone: _____
5. Applicant's Personal Email (not school): _____
6. High School: _____
7. Address: _____
8. College Name: _____
9. Anticipated Entry Date: _____

The following items must be included with your application:

- One copy of your current OFFICIAL high school transcript which must include 1st semester senior year grades & GPA.
- A copy of your college acceptance letter. (Preferably indicating nursing program acceptance)
- A list of your co-curricular, extra-curricular and community service activities/organizations (Please use attached form).
- A **one-page**, double-spaced, (12 font, Times Roman) personal statement on **your commitment to pursue the profession of nursing and what nursing means to you.** Please include any extenuating circumstances or a need of which the committee should be aware.
- Two letters of reference: one from a high school faculty member and one from a non-relative who has known you outside the classroom for at least three years. Letters from classmates or peers will not be accepted.
- NOTE: there is a strong emphasis on the personal statement. It is highly recommended to stay focused on the topic and to ensure that you are following the format instructions to optimize your score.

YOUR APPLICATION MUST BE POSTMARKED BY APRIL 1st

Questions: please email mfeeg@rmctc.org

There is a scholarship award dinner provided for the awardee and two family members in May.
Details will be sent to the scholarship recipients.

SCHOLARSHIP APPLICANT STUDENT RESUME

 APPLICANT #
 FOR COMITEE USE ONLY

Applicant Name: _____

Instructions:

List any school, community and church activities in which you have been involved in the last four years.

Each activity can only be listed in one area.

Be sure to include leadership roles and number of hours (hours per week/month/year, whichever is applicable).

School Activities	Timeframe Month(s) & Year(s)	FR SO JR SR	Total # Hours (per week/month/year)
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Community & Church Activities	Timeframe Month(s) & Year(s)	FR SO JR SR	Total # Hours (per week/month/year)
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Work Experience/ Clinical Experience (i.e. BCTC Programs, Reading Hospital Medical Explorers)

Employer	Position	Dates of Employment	Average Hours Worked Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Optional: Please provide a brief description of your duties and responsibilities for each experience that may not be self-explanatory. This is especially useful if the activity or experience is unique to you or your school.

